



THE COLLEGE OF DENTAL TECHNICIANS  
OF BRITISH COLUMBIA

Suite 900, 200 Granville Street, Vancouver BC V6C 1S4  
Telephone 604-742-6561 Fax 604-899-0794  
Website [www.cdtbc.ca](http://www.cdtbc.ca)

**2020/2021 RENEWAL APPLICATION – Dental Technician Assistant**

Please sign, date and return this application form with your payment.

An applicant who remits payment after February 29, 2020 will be subject to an additional late payment penalty fee of \$75.00.

I (PRINT NAME) \_\_\_\_\_ hereby apply to the College of Dental Technicians of BC for renewal of registration and acknowledge the following:

- As a member of a regulated health profession, with the privileges of self-regulation, I am required to comply with the Health Professions Act, Dental Technicians Regulation and Bylaws of the College of Dental Technicians of British Columbia.
- In order to provide dental technology services in BC under supervision, I must be registered with the College of Dental Technicians of British Columbia.
- I must immediately notify the Registrar of any change of address, name or any other information previously provided to the College.

Please note that the registrant's name, registration class, business address, and business telephone number are all public information and form the Register.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To ensure that the College's records are current, please provide the following contact information:

HOME		WORK	
ADDRESS:		LAB NAME:	
CITY:		ADDRESS:	
POSTAL CODE:		POSTAL CODE:	
CELL #:		CITY:	
TEL. #:	FAX #:	TEL. #:	FAX #:
EMAIL:		EMAIL:	